

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027678

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 14

Primary Registration District No. 4136

Registrar's No. 34

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 2 1963

## 1. PLACE OF DEATH

a. COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Plattsburg

Length of stay in lb  
41 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Clinton

c. CITY OR TOWN Plattsburg

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION First National Bank

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
507 Locust

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Jack Reavis Funkhouser

4. DATE OF DEATH  
Month Day Year  
July 26, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/30/1892

9. AGE (last birthday)  
70

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Cashier Bank

10b. KIND OF BUSINESS OR INDUSTRY  
Banking

11. BIRTHPLACE (City and state or country)  
Bunceton, Missouri

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

James S. Funkhouser

13b. MOTHER'S MAIDEN NAME

Josephine B. Starke

14. NAME OF HUSBAND OR WIFE

Ruth Funkhouser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) No.

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Ruth Funkhouser, Plattsburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis  
Coronary heart disease

INTERVAL BETWEEN ONSET AND DEATH  
10 mos.  
6 + mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 19:50 to 7-26-63 and last saw him alive on 7-26-63  
Death occurred at 4:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

P. Lattsburg, Mo. 7-27-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
7/28/1963

23c. NAME OF CEMETERY OR CREMATORY  
Green Lawn Cemetery

23d. LOCATION (City, town, or county)  
Plattsburg, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Syon Funeral Home, Inc., Plattsburg, Mo. 7-28-1963

Mary W. Searee

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 0250  
2 0250  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 420.1  
10  
11  
12 91-0  
13 1-0

STATE-601

AUG 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Philip E. Cook*

Licensed Embalmer No.

*4993*

P. O. Address

*Flatburg, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.